

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000088878

Entity Name: NAVARRE EMERGENCY PHYSICIANS, LLC

Current Principal Place of Business:

8888 NAVARRE PARKWAY
#107
NAVARRE, FL 32566

Current Mailing Address:

5665 NEW NORTHSIDE DRIVE
SUITE 320
ATLANTA, GA 30328 US

FEI Number: 85-0531113

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name APOLLOMD BUSINESS SERVICES,
LLC
Address 5665 NEW NORTHSIDE DRIVE, SUITE
320
City-State-Zip: ATLANTA GA 30328

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MELISSA ATKINS

PARALEGAL

01/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date